

INHEALTH

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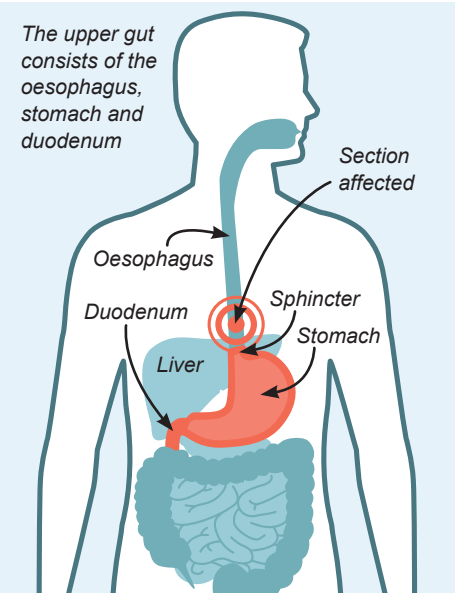
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EVERYTHING YOU NEED TO KNOW ABOUT Eosinophilic Oesophagitis

What is eosinophilic oesophagitis?

Oesophagitis means inflammation of the gullet or oesophagus. In eosinophilic oesophagitis (EO) lots of white cells called eosinophils can be seen in the oesophageal lining.

EO is thought to occur due to a combination of genetic makeup and the body's response to the environment. If you have EO you may be allergic to certain foods, although tests do not always identify the specific foods causing the problem. You are also more likely to have other allergies such as asthma or hay fever.



WHAT ARE THE SYMPTOMS OF EOSINOPHILIC OESOPHAGITIS?

You may notice difficulty in swallowing (dysphagia) and have the feeling that food is sticking in the gullet. These symptoms are similar to those of people who have acid reflux (also known as gastro-oesophageal reflux disease).

HOW IS EOSINOPHILIC OESOPHAGITIS DIAGNOSED?

If you are suspected of having EO, you will need to have a gastroscopy (endoscopy). This involves putting a thin flexible telescope called an endoscope through the mouth and down into the gullet (oesophagus). The endoscope has a tiny light and video camera at the end. These help the doctor to take a film and see inside your oesophagus. An instrument can also be passed down the endoscope to take a small sample of the lining of the oesophagus (a biopsy).

Your symptoms, the appearance of the lining of your oesophagus and the biopsy report will all help the doctor to diagnose EO.



WHAT ARE THE TREATMENTS FOR EOSINOPHILIC OESOPHAGITIS?

Dietary manipulation

You may be advised to alter your diet, either as the main treatment for your EO or in addition to other treatments. Dietary manipulation may involve cutting out certain foods to which you may be allergic.

Sometimes food allergy tests may be able to identify which foods to avoid but these tests do not always provide the answer. If your allergy tests are not helpful, you may be advised to avoid the types of food which are well known to cause allergic reactions. Common foods that can do this include nuts, seafood, milk, egg, wheat and soya products. A dietician and/or an allergy specialist may be involved in giving you advice about what changes to your diet you need to make.



Steroids

Steroids such as fluticasone are often recommended, with or without dietary manipulation. They are usually prescribed in the form of an inhaler. It is the same type of inhaler as that used by patients with asthma. However, you will be asked to spray the inhaler into your mouth without breathing in and to swallow the powder without water. Another type of steroid called budesonide is also available in liquid form. The liquid form is not specially made for people with EO but comes in small plastic containers called budesonide capsules which are used by asthma patients. This can be mixed with a sweetener called sucralose, or with honey or chocolate syrup.

Gastroscopy (endoscopy)

You may need to have treatment using an endoscopy if dietary manipulation or steroids do not work. You may also need an endoscopy if you develop a complication of EO such as narrowing of the oesophagus.

DOES EOSINOPHILIC OESOPHAGITIS GET BETTER?

EO can be controlled in most cases by dietary manipulation and/or steroid medicine. However, you may find that the condition returns as soon as treatment is stopped. Treatment may therefore need to be continued long-term to keep the condition under control.